

26 MAR 2006

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/562769

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		0				
5	/					
6		/				
7		/				
8	/					
9		/				
10		/				
11	/					
12		0				
13		0				
14		0				
15		0				
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21		0				
22		0				
23		0				
24	/					
25		/				
26		/				
27		/				
28		/				
29		5				
30		0				
31		0				
32		0				
33		0				
34		0				
35		0				
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37		0				
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39	/					
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47						
48						
49						
50						
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	37	←		←		←
TOTAL CLAIMS	43					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

BEST AVAILABLE COPY